



**MERCHANT APPLICATION**

Legal Name \_\_\_\_\_ Phone (\_\_\_\_) - \_\_\_\_\_  
Trade Name \_\_\_\_\_ Fax (\_\_\_\_) - \_\_\_\_\_  
PO Box \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

S Corp.  C Corp.  LLC  Partnership  Sole Proprietorship Corporate ID # \_\_\_\_\_  
State of Incorporation \_\_\_\_\_ County \_\_\_\_\_ Years in Business \_\_\_\_ Type Business \_\_\_\_\_  
Federal ID# \_\_\_\_\_ Email address: \_\_\_\_\_

Website Address \_\_\_\_\_  
Type Franchises \_\_\_\_\_

Owners, officers & ownership percentages:		Home Address	SS #
_____	_____%	_____	_____
_____	_____%	_____	_____
_____	_____%	_____	_____

#1 Bank Reference \_\_\_\_\_ Officer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Account Number \_\_\_\_\_

#2 Bank Reference \_\_\_\_\_ Officer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Account Number \_\_\_\_\_

Trade References:  
1. Name \_\_\_\_\_ Address \_\_\_\_\_  
Account Number \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
2. Name \_\_\_\_\_ Address \_\_\_\_\_  
Account Number \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
3. Name \_\_\_\_\_ Address \_\_\_\_\_  
Account Number \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Floor Plan Source \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

List names of key people below:  
General Manager \_\_\_\_\_ Parts Manager \_\_\_\_\_  
Office Manager \_\_\_\_\_ Service Manager \_\_\_\_\_  
Controller \_\_\_\_\_ Contact Person for IBS \_\_\_\_\_

Who should we contact for Yearly Financial Statements? \_\_\_\_\_  
Please name person and title to whom we should send correspondence. (Credit due/Charge Back, Status Change, Notices, Checks, etc.) \_\_\_\_\_  
What fax number/e-mail address should we use to notify you of changes on your customers' accounts? \_\_\_\_\_

If direct deposit, what is the fax number or e-mail address to use? \_\_\_\_\_

The above information is given for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize all of the above named person or companies to release to Interstate Billing Service, Inc., or its representatives, such information with regard to my/our financial condition, as may reasonably have a bearing on this application.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**IBS Use Only\***  
Dealer # \_\_\_\_\_ P  F  Disc. Rate \_\_\_\_\_ % Start Date \_\_\_\_\_ Conversion Days \_\_\_\_ Reg. \_\_\_\_\_